

Date Logged: \_\_\_\_\_ Response Due Date: \_\_\_\_\_

## **APPEAL OF CLASSIFICATION**

**Social Services & Rehabilitation**  
**Subgroup: Employment Security Claims, Examination & Placement**  
**Occupational Group Study**

The Department of Personnel has reviewed all of the information obtained during this study and recommended a classification and grade level for your position. Our classification recommendations are based on seven factors: nature and complexity of work; knowledge, skills and abilities required; supervisory/managerial responsibility; independence/supervision received; scope of responsibility/consequence of error; authority to take action/decision-making; and personal contacts.

Per NAC 284.152, you may file an appeal of the classification recommendation for your position with the Director of Personnel within 20 working days. If you wish to appeal the recommendation for your position, please answer the following questions as appropriate.

☐ If this appeal is being made by a group of incumbents, please place a check in this box and attach a list containing all appellants' names, budget account and position control numbers, and their signatures.

### **PLEASE PRINT**

<b>Employee Name</b>	<b>Phone #</b>	<b>Budget Acct #</b>	<b>Position Control #</b>
<b>Department</b>		<b>Division</b>	
<b>Supervisor's Name</b>		<b>Supervisor's Phone #</b>	
<b>Proposed Class Title and Grade Specified in Allocation Memo</b>		<b>Current Class Title and Grade</b>	

1. I wish to appeal the class to which my position was allocated based on one or more of the reasons listed below: *(Check all that apply and provide an appropriate explanation for each. Attach additional pages if necessary.)*

☐ A. My position should be classified at a different level in the class series. *(Please identify the appropriate level and briefly explain why your position meets the definition stated in the class concepts for that level in the series.)*

☐ B. My position should be classified to a different class series. *(Please indicate which class series and briefly explain why your position meets the definition for that class.)*

- ☐ C. My position has experienced major changes in duties which are not reflected in the Position Description Questionnaire (PDQ) submitted for this study. *(Using the format provided below, briefly describe all duties you perform. Assign a number to each duty and estimate the percentage of time in each area. **Place an asterisk(\*) next to each duty that is new.**)*

No.	Duties	% of Time

**CERTIFICATION:** I certify the new duties described above are correct and complete. Changes were/will be effective on \_\_\_\_\_.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

2. ☐ I wish to appeal the grade level of the class to which my position was allocated. The grade level of this class should be \_\_\_\_\_. *(Please explain why this class should be at this level.)*
3. ☐ I do not wish to appeal the classification recommendation for my position. However, I suggest changes to the class specification for my class. *(Please attach a copy of the class specification with your suggestions. Remember, the class specification is a general description of all positions in the class.)*

**Once completed, please forward a copy to your agency's personnel office, and submit the original to the Director of Personnel, c/o Debra Berry, 209 East Musser Street, Room 101, Carson City, Nevada 89701-4204.**